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Home on a care order: who the children are and what the care order is for

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Abstract

Compared to children in other placements, there is much less known about the characteristics and needs of children in the UK who are returned to their birth parents with a care order still in place. That is in spite of evidence to suggest they face more difficulties than young people in other placements. Based on a 2009 census of looked after children in Northern Ireland, just under ten per cent ($n=193$) were found to be living at home under a care order. Case file reviews were conducted for a quarter of these young people ($n=47$) to generate descriptive statistics showing a very diverse population. That was followed by semi-structured interviews with members of eight families (ten children and eight birth parent/s), providing transcripts for thematic analysis. Nearly half of the young people whose case files were reviewed had experienced at least one home placement breakdown, but nearly two thirds had a stable last home placement. Care orders appeared to serve two functions: to give legal authority to social services for the monitoring of placements, and to facilitate family access to family support services. Replacing some care orders with supervision orders might better align legal status and actual function.

Key words: birth parents; care order; looked after children; supervision order

The United Nations Convention on the Rights of the Child (UNCRC) Article 9 states that children should not be separated from their parents, unless it is not safe for them to stay at home. Based on that principle, the 2009 UN Guidelines for the Alternative Care of Children asserts as its first aim ‘to support efforts to keep children in, or return them to, the care of their family’ (Cantwell *et al.* 2012, p2 Appendix). In line with that aim, most Western countries give priority to keeping children (including those at risk of abuse and neglect) within their families of origin. If possible, this is with their own birth parent/s, and if not, then within the extended family. When placement in care is necessary, the primary goal is to reunite them with their parent/s. These aspirations are matched by legislation in the United Kingdom (UK) (Hannon *et al.* 2010), USA (Connell *et al.* 2009), Canada (Esposito *et al.* 2014), Australia (Fernandez & Lee 2013), Spain (López *et al.* 2013), the Netherlands (Minkhorst *et al.* 2014), and Israel (Davidson-Arad 2010).

In each of the four national jurisdictions of the UK, legislation (the *Children Act 1989* for England and Wales, the *Children (Scotland) Act 1995*, and the *Children (Northern Ireland) Order 1995*) make it a duty to promote the rearing of vulnerable children by their families, as long as this is consistent with their welfare. One of the key aspects is the non-intervention principle, specifying that the court may only make an order if to do so is better than making no order at all. However, contrary to expectations, since the implementation of these pieces of legislation, the number of applications and care orders has significantly risen, putting financial pressure and strain on social services (Hannon *et al.* 2010; McSherry *et al.* 2004). It is also the case that most children who are removed from home eventually return to live with their birth parents. Thus, in the year ending 31st March 2014, 34% of LAC who ceased to be looked after in England (DfE 2014) and 58% in Northern Ireland returned to live with birth parents (DHSSPS 2014). Many children return home while being still looked after (i.e. subject to a care order). There is thus a distinct sub-population of children in care,

i.e. children ‘in care at home’, who are living with their birth parents but subject to s.31 care orders under *The Children Act 1989*, or care orders (Art 50) under the *Children (NI) Order 1995* (Broadhurst & Pendleton 2007; Fargas-Malet *et al.* 2010).

Despite evidence that they are likely to have more difficulties than children in other types of placements (e.g. Taussig *et al.* 2001; Meltzer *et al.* 2003; Biehal 2006; Fargas Malet *et al.* 2010), this group of children and young people have received limited attention in the research literature when compared with those who remain in foster care or are adopted. It is this group of children that is the focus of the study reported here. The research aimed to identify the extent of the use of this placement in Northern Ireland, to describe the individual and family characteristics of the young people in such placements, and to develop a better understanding of the care and protection they are provided.

Children returning home

Many children who enter state care do return home; mostly within a relatively short period of time after their initial entry to care, and without a care order remaining in place (in the UK - Holmes 2014; in Australia – Delfabbro *et al.* 2013; in the United States – Connell *et al.* 2009). However, these returns have been found to be ‘not always a stable solution, raising critical questions about stability, safety and well-being for some children who return home from care’ (Boddy 2013, p.3). In fact, children who return home have been found to experience more difficulties than children remaining in foster care or being adopted, with some re-experiencing further maltreatment, and eventually re-entering the care system (in USA - Connell *et al.* 2009, and Robinson *et al.* 2012; in Israel - Davidson-Arad 2010; in the UK – Sinclair *et al.* 2005). Children in the UK seem to experience a higher breakdown rate than children in other countries, and this rate appears to increase with longer follow-up periods: 47% in Farmer *et al.*’s (2011) two-year follow-up study of 180 children returned home; 52% in Packman and Hall’s (1998) study of accommodated children also followed up for two years; 37% in Sinclair *et al.*’s (2005) three-year follow-up study of children in foster care returned home; 59% in Wade *et al.*’s (2011) four-year follow-up study of 149 maltreated children (68 children returned home); and 65% in Farmer and Lutman’s (2012) five-year follow-up study of 138 neglected returned home children. Whereas in other countries, the proportion of those re-entering care is much lower, at around 25%. For instance, in the USA, it was found that 28% of the children who were reunited with their families in 1990 re-entered care within ten years (Wulczyn 2004). In the Netherlands, the breakdown rate was found to be 22% within two years (Ubbesen *et al.* 2012); and in Sweden, it was found to be 25% within two years (Vinnerljung *et al.* 2004 – cited in Ubbesen *et al.* 2012).

Regardless of jurisdiction, a range of studies have identified similar factors linked to a likelihood of returning home, including: mother not having alcohol, drug, or mental health problems; family not having a history of domestic violence; the child being less than 11 years old and not having a disability; good quality family relationships; child not being in care as a result of neglect; children’s entry to foster care being on a voluntary basis; good support from the extended family; parents’ co-operation with social services; and strong determination of the child to return and determination of parents to get them back (López *et al.* 2013; Sinclair *et al.* 2007; Thoburn *et al.* 2012; Wade *et al.* 2011; Ward *et al.* 2006). It has also been found that the longer a child stays in care, the less likely it

is that he/she will return home (e.g. Delfabbro *et al.* 2013; Thoburn *et al.* 2012; McSherry *et al.* 2013).

In addition, a range of studies have identified similar factors associated to a stable return home, including: a good attachment relationship between the child and the birth parent; parent's motivation to change and seek help, actively seeking reunion; problems leading to the child's admission having reduced; purposeful and appropriately supported contact; contact being a positive experience; a regularly assessed, long, and steady-paced return process; foster carer assistance with reunion; provision and access to after-care support services, especially family-focused social work interventions; the child being in care for less than one year; placement stability while in foster care, or short stable care experiences; changes to family membership; the child being young (aged less than 11 years old); the child's local authority; and either having no siblings or having returned with them (Cleaver 2000; Farmer & Parker 1991; Farmer *et al.* 2011; Farmer & Wijedasa 2013; Murphy & Fairtlough 2014; Wade *et al.* 2011).

According to a UK review of the literature (Biehal 2006), re-entry to care is associated with: severe family difficulties, particularly substance abuse and mental health problems; child behaviour problems or disability; and social isolation and a lack of support networks. More recently, a prospective study of 180 children returned to their parent/s in England found that return breakdowns were associated with a similar range of factors, such as: child's suspected physical abuse; poor parenting; two or more previous failed returns; parents' ambivalent feelings about reunification; insufficient support; the case being closed after reunion despite concerns; and child's emotional or behavioural problems, attachment-type difficulties, or/and inappropriately sexualised behaviour (Farmer *et al.* 2011; Farmer & Wijedasa 2013). One of the main conclusions of the review was that there is a lack of attention to reunification practice, with poor practice being associated with more negative outcomes for children.

Although the research reported in this section makes reference to all reunited children (without specifying those who go home on care orders), taken together, it raises two key issues for understanding children who are placed at home on a care order. Firstly, the breakdown rate of home placements is relatively high in the UK (around 50%) compared to other jurisdictions. Secondly, their success is often dependent on the existence/reduction of acute family difficulties, particularly substance abuse and mental health, and the level of supports provided and accessed. From the review, it is clear that research has tended to focus on identifying factors associated with reason for return, success and failure of returns. There has been little attention to developing explanatory models, although implicitly the implication is that accumulation of risk or protective factors determine professional practice and outcomes. This paper adds to what we know about the circumstances associated with home in care placements and in addition, addresses the perceived function of the care order in these circumstances, as a contribution to developing more of a focus on explanation and theory.

The Northern Ireland study

Within Northern Ireland, most children who return home from care do so following a period of being accommodated by a Health and Social Care (HSC) Trust¹ on a voluntary basis (*Children (NI) Order Article 21*). When these children return home, they simultaneously exit the care system. However, some children are in care as a result of care proceedings, and are subject to a care order (*Children (NI) Order Article 50*). In these circumstances, the HSC Trust shares Parental Responsibility (PR) with the parent(s) of the child, and continues to share PR until the care order is discharged. These children may return because their care order has expired due to them reaching the age of 18 (i.e., they have aged out of care), or their care order having been revoked through a court decision. They may also be returned home as a form of care placement in that the HSC Trust continues to share parental responsibility. Guidance specifies that this should be done in the context of a care plan to ensure that the family home is safe and provides the child or young person with adequate care. The first phase of this return home is often regarded as a trial period, hence the term 'home on trial', which in the past was generally used for children placed at home on a care order. Although conducted before the implementation of the Children (NI) Order 1995, an earlier Northern Ireland study of children placed at home on a care order, or 'home on trial' as this was called at that time, showed that this type of placement was used for 29% of the in care population and was best described as a family placement monitored for an indefinite period of time, with very little support provided by social services (Pinkerton, 1994).

Since the introduction of the Children (NI) Order 1995, the extent of use of this type of placement in Northern Ireland is unknown. Available official statistics amalgamate children placed at home with those living with relatives within the category of 'placed with family'. Thus, one of the questions of this study was the extent to which this type of placement was used in Northern Ireland. Additional research questions were: what are the characteristics of these cases?; what is the rationale for placing children on a care order with their birth parents?; and what is the function of the care order in these circumstances?. Case file reviews were conducted in order to answer these questions from the perspective of social services. Interviews with birth parents and young people were then used to reveal their perspectives.

Method

Ethics

The Office of Research Ethics Committee Northern Ireland (ORECNI) granted ethical approval for the study. The research team had to follow an active consent process to gain permission to access files, which meant that it was not possible to collect data from the full population of young people placed at home on a care order at the census date, 31st March 2009. The 47 cases that were reviewed exhibited great variation in experience, with some having very positive experiences of social services, and others more negative, providing some confidence that non-participation was associated with the logistical challenges of recruiting families, rather than there being a particular

¹ There are five Health and Social Care Trusts in Northern Ireland. These are equivalent to Local Authorities in England and Wales in terms of their social care responsibilities

type of family experience that had been excluded. That said, further research with a larger sample would help refine and develop these findings further.

Given the sensitivity of the issues to be covered, particular attention was given in the procedure (see below) to achieve active consent from all the participants in the interviews, including ensuring that this was age appropriate.

Participants

Through undertaking a census of the looked after population in Northern Ireland on the 31st March 2009, it was found that eight per cent ($n = 193$) of children and young people in care were living at home with birth parents on a care order. These figures were provided by each of the five Health and Social Care Trusts in Northern Ireland. A case file analysis was conducted for 24% ($n = 47$) of the total population of 193 children who were living with their parents on a care order on 31st March 2009. The young people were aged between four and 22 years at the time of data collection, with 70% being over 16. The majority were girls (64%). There were eight sets of two siblings in the sample. The case file review was then followed up by interviews with eight families. Members of eight families were interviewed, including ten young people (4 girls and 6 boys), aged between 10 and 21 years, and seven mothers and two fathers were interviewed. Five of the young people interviewed, including two sets of siblings, were less than 14 years old, and three were over 18.

Data collection methods

For the case file reviews of the 47, a pro-forma was used, which gathered information collated from the social work report and the court report produced when the care order was made, and the Looked After Children (LAC) review forms and care plans between the making of the care order up to the point where the case files were reviewed. The pro-forma included general background characteristics of the child (e.g. date of birth, gender, family history background), care history information (e.g. date when case opened, reasons for being looked after), supports provided to the family, and current information regarding type of placement and outcomes. Gaps in the information recorded were completed when contacting social workers by telephone. These short follow-up calls were made in order to ascertain the most up-to-date placement for the young person.

The semi-structured interviews with the nine birth parents focused on: their understanding of the reasons for reunification, the function of the care order, and what needed to change for the care order to be discharged; supports received from social services; their experiences of caring for their children and dealing with social services; and their perceptions of the young person's outcomes. The semi-structured interviews with the 10 young people focused on how young people had experienced and coped with being removed from home, and with returning to the care of their birth parent/s, and how they were faring now in terms of their family relationships, health, and education/work.

Procedure

All 193 young people who were living at home on a care order on the 31st March 2009 were selected for recruitment for the case file review. Each HSC Trust distributed initial letters to the children's birth parent/s, or the young person if they were aged 16 or over, on behalf of the research team. The letter explained the purpose of the study and outlined its key dimensions. After a two-week

period, the HSC Trust contacted them again, and for those consenting, the details of the location of the case files were returned to the research team. The research team then made contact with the relevant social work team to arrange access to the files. The review process was carried out between September 2011 and November 2012, 29 to 41 months after the census point (31st March 2009). After the file searches were conducted, the social workers identified in the case files were contacted by telephone.

After the case file review, the HSC Trust sent information sheets to the young people and children's birth parents on behalf of the research team, seeking consent to take part in interviews. After two weeks, the HSC Trusts contacted these families, and for those who consented, their phone numbers were forwarded to the research team. Before the interviews started, the researchers went over the information sheets with the parents and/or children/young people, who were then asked to sign consent sheets. For the interviews with the children and young people, there were two different templates to follow depending on age. Young people were advised that they could stop at any time. They were also advised of the limits of confidentiality (i.e. researchers would need to talk to somebody else if they indicated that they or another child was at risk). Researchers were attuned to the sensitivity of the issues to be covered, and would have stopped the interview if required. However, no such difficulties emerged. Interviews were conducted between May and October 2013.

Analysis

The data collected from the case files in the pro-forma was entered into an Excel sheet and descriptive statistics were used to map variations in practice. Semi-structured interviews were digitally recorded, transcribed in full and input into the software program NVivo. Content analysis was used, and a number of broad coding themes were identified, reflecting the research questions noted above.

Results

Care Career and Family Characteristics

The sample of 47 cases reviewed revealed a great degree of complexity and diversity in terms of circumstances, care experiences and outcomes. However, some commonalities were also found, in that these children and young people came from families with very difficult backgrounds, especially in terms of alcohol abuse (89%) and domestic violence (70%), but also mental health (55%) and drug abuse (34%), and the vast majority (91%) indicated the presence of more than one parental problem (e.g. mental health problems, offending, alcohol and drug addictions).

In terms of care careers, while the majority of the young people had three placements or less ($n = 32$), a significant proportion ($n = 15$) experienced a large number of placement moves (i.e. between 4 and 12 placements), with 21% ($n = 10$) having over five different placements. The age of the young people when they first became Looked After ranged from a few days old to 15 years, with just over two fifths of the children being less than four years old ($n = 20$) (see Table 1). There was a gap between age at entry to care and age when the care order was made, with young people being between four months old and 16 years, with 55% being eight years and over ($n = 26$) (see Table 1). On average, young people had entered care two years before the care order was made. Young

people were aged between 10 months and 17 years old when they first returned home, with most being 12 years old or older (51%).

[INSERT TABLE 1]

The main contributory factors for the young people entering care and for the making of the care order were: parental alcohol abuse (62%); domestic violence in the home (49%); inconsistent parenting or inadequate care and supervision (36%); neglect (28%); and parents' failure to protect the child/ren (21%). Other common factors were: child/ren's poor/non-school attendance (15%); confirmed or suspected physical abuse (17%); emotional abuse/harm (19%); parental mental health (13%); and potential/risk of/suspected sexual abuse (19%). There tended to be more than one factor involved.

While over a quarter of young people returned to live with one or both birth parents on several occasions (with the home placement breaking down at least once), most young people returned home at only one single point in time (74%), regardless of whether home placements had endured or disrupted.

A variety of factors contributed to the young person's return home. Young people usually returned after their parents had been engaging with a range of social work supports (e.g. treatments for alcohol/drug abuse, psychological/counselling services or parenting education/skills programmes) (26%) and/or a parenting assessment had been completed (21%). Other main factors were: parents had stopped or controlled their abuse of alcohol or drugs (21%); mother and father were not living together anymore and had terminated their relationship (21%), thereby taking out of the situation domestic violence and/or the parent who was putting a child at risk; positive contact and good attachment of child with parent/carer (17%); and successful return of siblings (6%). Usually, more than one of these reasons applied. It is important to note that in one in five cases, it was the young person who initiated the move (often by running away from out of home placement to parent's home), rather than social services. In one in ten cases, the main reason for the return was that the previous placement had broken down or suddenly terminated (e.g. grandmother died), and there was no alternative placement available. In five cases, the reasons for the return were not clear from the case file analysis.

Home placement outcomes

In the 47 case files reviewed, home placements had broken down at some point for 49% of the young people ($n = 23$; 12 having returned home more than once before, and 11 having returned once but the placement failed). In keeping with the full sample, most of these 23 young people were female (70%), and the majority came from families with a history of alcohol abuse (87%), mental health problems (65%), and domestic violence (65%). However, these young people were more likely to have been living in more placements than was the case in the full sample, with 43% ($n = 10$) having lived in over five different placements. Some had eventually been adopted ($n = 3$), and others were living in foster care or with relatives ($n = 7$). For five, the last return home had been stable until they reached 18 years of age, but one had moved out to live independently after turning 18.

Breakdowns were caused by a range of reasons, including parental alcohol misuse; young person's risk-taking and challenging behaviours and parental inability to control these; and parents' inability to meet child's educational and health needs (see Table 2 – some breakdowns were caused by more than one of the issues).

[INSERT TABLE 2]

Dual function of the care order

Care orders were no longer in place for 60% of the young people whose cases were reviewed ($n = 28$). For these young people, care orders had lasted between two and 13 years, with an average of six years. A majority (57%) of the young people had been living at home under a care order for over three years. For two thirds, the care order had expired when they turned 18 ($n = 19$), and for the remainder, it had been removed at between 4 and 18 years old. In these cases, the reasons for removing the care order were: no concerns in the family and improvements had been made ($n = 6$), adoption ($n = 2$; plus an extra child was about to get a Freeing Order), and Residence Order ($n = 1$).

For the 40% ($n = 19$) of cases where the care order was still in place, the current concerns were: parental alcohol abuse (relapse into chronic condition, episodes with severe detrimental implications for parenting) (42%); contact issues and difficult relationships between parents and their families (21%); child's vulnerability due to sexually harmful behaviour (due to learning needs) or poor emotional wellbeing (21%); lack of extended family support (10%); and poor level of children's supervision (10%).

It was found that care orders at home tended to serve two main functions: to give legal authority to the monitoring of placements, and/or to facilitate access to family support services. Care orders were used primarily to monitor the placement in instances where there were endemic problems within the birth family, that is in the case of parental alcohol abuse that was not under control with only intermittent periods of sobriety (38%); and also sometimes in cases where the young person displayed severe challenging and risk-taking behaviours, as well as non-school attendance. In cases of concern for the child's/young person's vulnerabilities and difficulties or where there were less severe concerns regarding the family lifestyle and parenting, the care order was used primarily in a supporting capacity (11%). The care order was instrumental in guaranteeing the continuity of social services supports. However, in most cases, care orders had a dual function of monitoring and supporting the placement at the same time (51%).

These findings on the dual function of care orders were corroborated in the interviews with young people and their birth parents. Sometimes, the parents and the young people felt that the constant monitoring they were experiencing was disturbing their lives and made them anxious. For instance, one child aged 12 expressed his dislike for social work involvement:

I just don't like them, none of them. ... It's just them – just social services altogether.

His mother felt she was being invasively monitored by social workers. Her children (aged 10 and 12) were placed in foster care at a young age, and returned to her care less than three years later. They had been living with her on a care order for the past eight years. The constant visits of social workers made her feel uneasy, and she did not see the need for them:

I'm under two social workers for two different teams, which means I have to be here twice a month – have to be here to see that the wee ones are healthy. I know myself that the wee ones are fine – I look after them well enough, I do my own bit. ... It feels a wee bit as if my privacy is invaded.

However, reflecting the dual function of these placements, although she was working towards getting the care orders removed, she feared that if these were removed, one of her daughters would not be provided with the same level of support (health monitoring) that she was currently receiving and needed due to her health issues. In addition, she feared the support received from social services to manage 'problematic' contact with the children's father would disappear.

The positives of having them is ... the support is there for (child). If the care orders come off, she will not have half as much – and she needs that. She constantly needs that extra time out and just getting out on her own. Dad lives quite close and it's a threat, without a doubt.

Similarly, the mother of a 17-year-old boy also believed that the removal of the care order would mean the termination of any supports that they were receiving. However, in contrast with the previous mother, she did not want the young person's care order removed, as she did not perceive social services involvement in a negative light, and she wanted her son to be supported to do different things (e.g. helped to get a driving licence):

I asked for it to stay because all the rest of them have a care order. I'll tell you the truth – you see if he doesn't have a care order, social services are not going to do nothing for him, whereas if he has a care order on him, they tend to do more for them. ... At the end of the day, they are there for a reason, they are there to help you – take what you can. It doesn't annoy me social services being involved.

Some of the young people interviewed also indicated both the positives and negatives to having social workers involved in their lives. For instance, one 16-year old girl (who had experienced multiple moves and was living in supported accommodation) valued the encouragement and support that the social worker gave her to continue with her education:

My support worker, they all encouraged me doing my GCSEs. I honestly think if it wasn't for them I wouldn't have done them. ... I honestly think that if it wasn't for (social worker) and (social worker) I probably wouldn't have done my GCSEs.

But she also spoke of the lack of financial support that her parents received when she and her siblings were living with them:

Because I was growing and stuff, I needed new clothes a lot, and it was so hard trying to get him to get me new clothes. The only money they would give me was for school uniform money and stuff like that. I don't think they helped out as much as they could have. ... I think they could have supported us more.

To sum up, what surfaced from both the case files and the interviews was the dual function of the care orders leading social services to be viewed simultaneously in both positive and negative light by the young people and parents.

Summary and conclusion

The children and young people in this study came from families with very difficult backgrounds, especially in terms of alcohol abuse and domestic violence, and the vast majority indicated the presence of a large number of parental problems. While the majority had three placements or less, nearly a third experienced more than three; and while the majority had returned to live with their parents on only one occasion, over a quarter had returned more than once. Nearly half the young people in the study sample had at least one placement at home that had broken down. That reflects previous findings in UK studies (Farmer *et al.* 2011; Packman & Hall 1998; Wade *et al.* 2011). However, despite this high breakdown rate, for the majority of young people (64%), the last placement home had remained stable. This is a larger proportion than in other UK studies.

Care orders at home tended to serve two main functions: to give legal authority to the monitoring of placements, and to facilitate access to family support services. In some instances, care orders were not removed because of the continuity of endemic problems within the birth family, caused in many cases by parental alcohol abuse. In these cases, the main function of the care order was to monitor the placement. In other situations, it appeared that the care order was instrumental in guaranteeing the continuity of HSC Trust supports that had been provided to the family, especially to the young person. In more than half of the cases reviewed, both functions appeared to coexist. The monitoring function appeared to be to the fore in the majority of cases (89%), which would be expected given that article 50 in the *Children (Northern Ireland) Order 1995* states that a care order is only made if the child is suffering or likely to suffer significant harm, caused either by the care given to the child or the child being beyond parental control. However, it was also clear that in some instances, the care order was facilitating ongoing support from social services, with some families being worried about losing that support if the care order were to be removed.

Taking into account that most return breakdowns in the study were related to continuing parental alcohol abuse, a clearer focus may need to be taken by social services and the courts when drug and alcohol misuse is at issue. The young person, their interests and safety should not get 'lost' or compromised, but be central in the decision-making processes (Terry 2013). The lessons learned from Family Drug and Alcohol Courts (FDAC) within care proceedings in England and Wales (Harwin *et al.* 2013; Whitehead 2014) would seem to be very relevant in considering how best to respond to the needs of the children and young people in this sub-population. FDAC is a court-based approach that aims to thoroughly examine the appropriateness of children returning home to live with their birth parents (who have a history of alcohol and drug abuse); and to provide either extensive support for parents and children (when planning for the return) or a swift placement in an alternative permanent family. This is an approach that may hold important lessons for ensuring support and protection for children and young people at present being placed at home in care.

Given the dual function of the care order and the lengthy periods of time they were in place after the young people had returned home, consideration could usefully be given to replacing them in some instances with Supervision Orders. This order requires the Trust to advise, assist, and befriend the supervised child, and can only be granted if the same threshold conditions that apply for care orders are met. This Order does not give the Trust parental responsibility but does allow a social worker to issue directions about the child's upbringing, including place of residence and involvement

in certain programmes. Schedule 3 of the Children Order sets out the full range of matters that may be addressed in a Supervision Order. In this way, legal status and actual function would be more effectively combined.

The implications of the study for social work practice can thus be summarised as two-fold. First, these findings highlight the need for a review of professional processes that assess the appropriateness of children returning home with parents who have a history of alcohol and substance abuse. There is a need to formalise services attempting to simultaneously support and protect these children and their families. FDAC provides a potential model for addressing the care and control dilemma that lies at the core of these cases. Second, the study questions the function of the care order for very lengthy periods of time when risk of significant harm is fluctuating. Where support appears to be, on balance, the main function of the care order, LAC reviews should give consideration to replacing the care order with a Supervision Order. Supports that were being accessed via the care order should be maintained, in order to avoid the risk of stresses increasing in the placement, leading to deterioration in the situation and the need for the increased control provided by a care order.

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